BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1915		Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago	
1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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GIN RESERVED FOR BINDING

VRITE PLAINLY WIT

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1	I. PLACE OF DEATH				(2)	49		
	County_Charles_				Registration Dist. No. 102			
Village or CityRiverside (H					NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number) asds. How long In U.S. if of foreign birth?yrsmosds.			
						.ds.		
-	2. FULL NAME St							
	(a) Residence: No.		(Usual place	e of abode)	St., Ward. If nonresident give city or town and State			
-	PERSONAL AND ST	ATIST			MEDICAL CERTIFICATE OF DEATH			
3.	3. SEX 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				21. DATE OF DEATH April 15 , 193 4			
5e.	. If married, widowed, or divorced HUSBAND of				(Month) (Day) (Year)			
	(or) WIFE of				22. I HEREBY CERTIFY, Thet I ettended deceesed f			
	DATE OF BIRTH (month, day, end ye		April	15, 1934	1 lest sew h elive on to, 19 deeth is			
-		lonths	Deys	If LESS than I dey,hrs.	to heve occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	eid		
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc					were es follows: Stillborn Date of on	set		
OCCUPATION	9. Industry or business In which work wes done, es SILK MI SAW MILL, BANK, etc	LL,						
000	10. Date decessed last worked et this occupetion (month end yeer)							
12. BIRTHPLACE (city or town) Riverside (Stete or country)					Other Contributory Causes of importence:			
FATHER	14. BIRTHPLACE (city or town) (State or country)		as. Co.	. Md.	Neme of operation Dete of			
ER	15. MAIDEN NAME J		Tibbs	11100	What test confirmed diegnosis? Was there en eutopsy? Was there en eutopsy? Was there en eutopsy? Was there en eutopsy?			
MOTHER	16. BIRTHPLACE (city or town) (Stete or country)	Ch	as Co.	Md.	Accident, suicide, or homicide? Dete of Injury, 19			
17. INFORMANT Fellig Coss and (Address)				s End	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Plece					Menner of injury			
19. UNDERTAKER(Address)					24. Was disease or injury in eny wey releted to occupetion of deceased?	MA		
20. FILED				1/34 Registrar.	(Signed) Am I Madday your PM	D.		

If more blanks are needed, address State Registrar, 2411 N. Challe Street, Baltimore, Requesting U. S. No. 1.

7. S. No. 1

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr as	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
200			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	المرا		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

See instructions on back of certificate.

TION is very important.

-WRITE PLAINLY, WITH

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1. PLACE OF DEATH County
Village or City Village or City No. St., Ward Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. VIS. Mos. Ward. Length of residence in city or town where death occurred. VIS. Many. A. Color or RACE St., Ward. Cluster Charles of Mos. Mark Charles of
Length of residence in city or town where death occurred
2. FULL NAME (a) Residence: No (b) Cusual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COLOR OR RACE OR DIVORCED (write the word) For Wiffe of Country of the cou
(a) Residence: No. Compared
PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaer) 7. AGE Yeers Months MEDICAL CERTIFICATE OF DEATH 28. I HEREBY CERTIFY, That I attanded deceased from 1 last saw h
3. SEX A. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaer) 7. AGE Yeers MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Wonth) (Day) (Year) 22. I HEREBY CERTIFY. That I attanded deceased from 1 last saw h
OR DIVORCED (write the word) Sa. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Cornel Of BIRTH (month, day, and yaer) OR DIVORCED (write the word) Marriad (Month) OBAY (Month) (Day) (Year) 122. I HEREBY CERTIFY. That I attanded deceased from the control of
5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing Or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing Or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing Or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing Or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing Or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing Or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing Or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing Or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing Or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing Or particular. 5a. If marriad, widowed, or divorced HU3BAND of (or) WIFE of Security Processing Or particular. 5a. If marriad, widowed, or divorced Processing Or particular. 5a. If marriad, widowed, or divorced Processing Or particular. 5a. If marriad, widowed, or divorced Processing Or particular. 5a. If marriad, widowed, or divorced Processing Or particular. 5a. If marriad, widowed, or divorced Processing Or particular. 5a. If marriad, widowed, or divorced Processing Or particular. 5a. If marriad, widowed, or divorced Processing Or particular. 5a. If marriad, widowed, or divorced Processing Or particular. 5a. If marriad, widowed, or divorced Processing Or particular. 5a. If marriad, widowed, or divorced Processing Or particular. 5a. If marriad, widowed, or divorced Processing
6. DATE OF BIRTH (month, day, and yaer) 7. AGE Yeers Months Age Months M
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7. AGE Yeers Months Person If LESS than 1 day, hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance ware as follows: Date of onest
atom Horse Internal Iday, hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance ware as follows:
8 Trada profession or particular
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which and land cleany
9. Industry or business in which and land cleany
work was done, as SILK MILL (
SAW MILL, BANK, atc
11. Total time (years) this occupetion (month end year) year) 44344 44/2-7 occupation occupation
Othar Contributory Causes of importance
12. BIRTHPLACE (city or town) Dry andown Charles (State or country) Charles many land
13. NAME Joseph Gross
F / / / / / / / / / / / / / / / / / / /
(State or country)
The state of the s
15. MAIDEN NAME Currie (last mane unbuson 16. BIRTHPLACE (city or town) - D
Where did injury occur? Sa State Charles Co. Murshed
17. INFORMANT (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
(Address) La Plata, md. Oura Public hahwar
18. BURIAL, CREMATION, OR REMOVAL Place Manner of injury Struck by automobile Manner of injury Struck by automobile
Nature of Injury Shall Fractured
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of daceasad? 20.
(Addrass) a Place my If so, specify
20. FILED April 2/19 34 Dellan I say (Signed) Por the Recting Coronal M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03743
1. PLACE OF DEATH	(\$3)
county Clearles	Registration Dist. No. 101
Village or City Markury	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Reginald Hance	och
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH apr. 15 193 34
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of Mabel Hancock	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aud, 14 1900	I last saw halive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
8 Trade profession or particular	wara as follows: Date of onset Date of onset
S-Industry or business in which work was dona, as SILK MILL, Saw discounting factory and the deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation 12. BIRTHPLACE (city or town) Churles Co. Mg	Other Contributory Cames of Importance:
(State or country)	
14. BIRTHPLACE (city or town) Observer Cv. Ned	Nama of operation Data of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margarit Carroll 16. BIRTHPLACE (city or town) Charles Cu. Md (State or country) 17. INFORMANT Margarit Hancel	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
(Address) Ome Prode nd.	
18. BURIAL, CREMATION, OR REMOVAL Place Dancasta Hd Date Coper 17, 1934	Manner of Injury
19. UNDERTAKER Stanley Puny (Address) Pungah mile	24. Was disaasa or Injury In any way ralated to occupation of daceased?
20. FILED Capril 1/2 1934 During Southwhere	(Signed) Leo, C. Sichnell M.D.

hory, and If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes Date of on of importance were as follows:			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY R				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND CERTIFICATE OF DEATH

03744

County	DERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Keeghenlle (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Infant	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Oper 1954, to Oper 1, 192 that I last saw here sine oper dead Reform.
7 AGE [If LESS than	7 midwife
I day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Still-Born
8 OCCUPATION (a) Trade, profession or particular kind of work Noul	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vro. mos. ds.
9 BIRTHPLACE (State or country) Heigheith Md	Contributory Secondary A (Durston) yrs mos 3 ds.
10 NAME OF FATHER St. Estels	(Signed) Laveria Granfield Midwifelo.
of FATHER (State or country) State or country) OF FATHER (State or country) OF FATHER OF FATHE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Thorothy Legles	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Ornfaultown, Md	At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Mary Margaret Lifes	Former or usual residence
(Address) Dreffectours, Md	Home Cemetry 4/1/3,419
Filed 192	20 UNDERTAKER ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions—answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County Cherker	Registration Dist. No.
Village or City Haysich	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
07:1-1	man.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yest)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19 , to , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said
1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related sauses of importance
9 Trado profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town).	Other Contributory Causes of Importance:
(State or country)	
13. NAME THE LACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME MALE BLEE	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFDRMANT Address) Variable	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 4 -4-, 1934 J. R. Bright. Registrar.	(Signed) X X Yz z dwa M. D. (Address) Massaula
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97
County (Clearles)	Registration Dist. No. 101
Village or City Pusyali	No. St., Ward
(If Length of residence In city or town wide a death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?ms
2. FULL NAME Clice Victoria	Scioller.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Day) (Year)
5a. It married, widowad, or ofvorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY that lattended deceased from 193 3, to 193 4
6. DATE OF BIRTH (gronth, day, end year) 7. AGE Years Months Days If LESS then 1 day,hrs.	I last saw h
80 7 ormin.	wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Soule Gandrens
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and	J J
10. Dete deceased last worked at this occupation (month and year) - spent in this occupation - spent in the spent	
12. BIRTHPLACE (city or town) Charles Ou, Md, (State or country)	Other Castributary Causes of importance:
13. NAME Welch	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME	What tast confirmed diagnosis?
16, BIRTHPLACE (city or town) (State or country)	23. If daeth was due to external ceuses (ViOLENCE) fili in also the following: Accident, suicide, or homicida? Date of injury
17. INFORMANT agnes Rose Buckly (Address) Progate Judy	Whare did injury occur?(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pulce april (6, 1934	Menner of injury
19. UNDERTAKER Hent & Region. (Addrass) Walder & Md	24. Was disease or Injury in any way related to occupation of decaased?
20. FILEDAPORIL 14, 1934 march Southeland Local Registrar.	(Signed) Swe C. Buchull M. D. (Addrass) Murby Sud.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	=======================================	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	_3 (
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MADVIAND	CERTIFICATE OF DEATH 03747
1. PLACE OF DEATA	CERTIFICATE OF DEATH 13131
Pland	(130)
County County	Registration Dist. No.
Village or City (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredAyrs	
2. FULL NAME alfred J. Sell	
	- Carry
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (were the word)	4 - 30 - 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Yelfr)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10.10 0 7	4-28-,1934,10 4-20,19 84
6. DATE OF BIRTH (month, day, and year) 1912 - Gurg, 7	I last saw h. alive on 4 27 1934; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, etm.
2/ 8 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER.	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Undustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	west rephrete
work was done, as SILK MILL, SAW MILL, BANK, etc	No additional Sifarmotion. Besome ween-
10. Date deceased last worked at 11. Total time (years)	scious a few hours of tea token Only com-
o this occupation (month and spent in this occupation occupation	plained of headache and nauses a Carren
12. BIRTHPLACE (city or town) brd,	Other Contributory Canses of Importance: 1934.
(State or country)	
13. NAME William I. Selleslan	
14. BIRTHPLACE (city or town) Mark Andrew (State or country)	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an au'opsy?
15. MAJOEN NAME CLOTALALI BILLING	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME CLOTTLE SULLING A 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Albert & Silliday	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT (Address)	openly missis injuly secured in mesoric, in nome, or an open serve.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Placettaly there Central - 1934	Nature of injury
Elizabe W. Web	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Addiess)	if so, specify
was under any you the home	(Signed) V. L. Higgier M. D.
20. FILED 4 - 30 - , 19 64 7, 6 - Triggles	(Address) Mayriel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
U propeau V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

PHYSICIANS sho

Exact statement

properly classified.

See instructions on back of certificate.

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

B.-WRITE PLAINLY, WITH

A- A-	STATE OF MARYLAND—CERTIFICATE	OF DEATH
sta UP	1. PLACE OF DEATH	
of Blad	county Charles	Registration Dist. N

()	3	100	4	5
1	0	6	X	1

1	L PLACE OF DEATH	21/19/11	1117133	(82·a)	13140
	County Charles	A		Registration Dist. No.	00
	Village or City Port Jo	baceo	not	NoSt.,	Ward
	Length of residence in city or town where dee	th occurred		death occurred in a hospital or institution, give its NAME instead of street and i	
	FULL NAME Willia	m S	00 JT0	Total Total Control of Control of Total Control of Control of Control of Control of Control of Control of Co	/3u3.
-			rnuor		
	(a) Residence; No.	(Usual place	of abode)	St., Ward. ff nonresident give city or town and	State
	PERSONAL AND STATISTIC	AL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	sex 1. color or race s	OR DIVORCE	RfED, WfDOWED, D (write the word)	21. DATE OF DEATH (Mofth) (Day)	, 193 4 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	m. stri	ffer	22. f HEREBY CERTIFY, Thet I attended	1 10117
6.	DATE OF BIRTH (month, day, and year)	nt Kn	W/887	I fest saw h alive on	; death fs said
7.	AGE Years Months	Days	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, at	
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	-	1 01	were as ronows;	Data of onset
OCCUPATION	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			Cerebral Hemosochayl	Iday
000	10. Dete deceased last worked at this occupation (month and year)	spar	lme (years) nt in this spation		
12.	BIRTIIPLACE (city or town) Charles			Other Contributory Causes of Importance:	
ER	(State or country) 7 13. NAME Peter S m	uth,		artuslenosio	7 yrs
FATHER	14. BIRTHPLACE (city or town) Class (State or country)	co mot		Name of operation Date of	
-	15. MAIDEN NAME Mary 3	evell		What test confirmed diagnosis?	
15. MAIDEN NAME Mary Devell 16. BIRTHPLACE (city or town) Charles Co my (State or country)			md-	23. If death wes due to external causes (VIOLENCE) fill fn also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	fNFORMANT Plany Bus (Address) Port	tin Toba	ces mt	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) NCE.
18.	Place Place Burian, OB REMOVAL Burian	tist cen	116",193L	Manner of injury	
19.	UNDERTAKER Henry a (Address) La	Platu	nd	24. Wes disease or injury In eny wey related to occupation of deceased?	no
20.	FILED april 5, 1934 B	llum)	Registrar.	(Signed) to s Apenera (Address) Bel alton n	M. D.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

certificate.

of OCCUPA-

Exact statement

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Length of rasidanca in city or town whera daath occurred yrs, mos. ds. How iong in U. S. if of foreign birth? yrs, mos. ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (b) WIFE of (If death occurred in a horpital or institution, give its NAME instead of street and number) How iong in U. S. if of foreign birth? yrs, mos. ds. Ward. (Usual place of abode) St., Ward. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. WHEREBY CERTIFY, That I attended deceased from 1937, to 19	1. PLACE OF DEATH		82-2	, , , ,		
Longth of rasidanca in city or towprimes death occurred. 2. FULL NAME 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No.	County Charles	n-A	Registration Dist. No.	01		
Length of rasidance in city or towys where death occurried. 176 mos. ds. How long in U. S. If of foreign birth? 175 mos. ds. 175 m	Village or City Macon	krings		Ward		
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR DIVORCED (critical to the color of control of the color of color of the color of col	Langth of residence in city or town they death assure			-		
(a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. (COLOR OR RACE) S. SINCIE, MARRIED, WIDOWED, OR DIVORCID (Corner the world) SI IT married, widowed, or diverced (cry Wife of or diverced (cry Wife o	.///	yrs, mo	seements. How long in 0.5. If of foreign parity	mosas.		
Personal and State Persona		waden				
PERSONAL AND STATISTICAL PARTICULARS 3. SEX.		place of abode)		n and State		
Sa. If married, widowed, or divorced (USAND or (Cor) WIFE of (Cor) WIFE						
5. If married, widowed, or divorced HUSBAND (or) wife of Ora) wife of			Cer, 16	, 193 4		
8. Trade, profession, or particular side of work done as SPINNER, where so country or musiness in side to have occurred on the data stated above, at 3. 6. m. 10	5a. If married, widowed, or divorced	July .	(Month) (Day)	(Year)		
T. AGE Yeers Months Days IT LESS than I day	HUSBAND of		22. HEREBY CERTIFY, That I atte	nded deceased from		
I day, hts or min. It day, hts or min.	6. DATE OF BIRTH (month, day, and year)	~1894	liest sawher alive on Oker 7, 19	3.4 death is said		
8. Trade profession, or particular side profession, or particular side profession, done as SIAK Manager (Address) 8. Trade profession, or particular side profession, done as SIAK Manager (Address) 9. Industry or business in which work was done, as SIAK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIAK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this cocupation month and spent in this occupation of the cocupation of the cocu	7. AGE Years Months Days					
The strade profession, or particular side of work done as SPINNER, SAWTER, BOOKREFER, atc. SAWTER, BOOKREFER, atc. 9. Industry or business in which work was done, as SILK MILL, SAWMILL, BARK, etc. 10. Do Table daceasad last worked at this occupation (month and year) 12. BRTHPLACE (city or town). (Stata or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Addrass) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 20. FILED Affield. 18. 19.14. Murray Southless Land Regulars. (Signed) 4. Collective of Manual And Collective of Manual Regulars. (Address) 19. UNDERTAKER (Addrass) 20. FILED Affield. 18. 19.14. Murray Southless Land Regulars. (Address) 10. Was that an autopsy? 21. Manual Particular of Injury Nature of Injury (Signed) M. D (Address) Manual Regulars. (Address) Manual Regulars.	40		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of anot		
12. BIRTHPLACE (city or town) Image and State of Contributory Causes of Importance: 13. NAME Leck Sureday 14. BIRTHPLACE (city or town) Olcarlay Co. Mid. (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT NAME 17. INFORMANT NAME 18. BURIAL, CREMATION, OR REMOVAL Place Old State or Country (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Old State or Country (Addrass) 19. UNDERTAKER OLD STATE OF COUNTRY (Specify city or cown, country and State) 19. UNDERTAKER (Addrass) 20. FILED Africal State or Country (Signed) State (City or town) (Signed) Manual State) (Signed) Manual State) (Signed) Manual State) (Signed) State (Signed) Manual State) (Signed)	8. Trade, profession, or particular kind of work dona as SPINNER, SAWYER, BOOKKEEPER, atc.	k.	Cerebral Humbage			
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What tast confirmed diagnosis? Accident, sucide, or homicida? Specify city onown, equaty and State) Specify whether injury occur? Specify whether injury occur? Manner of injury Nature of linjury Nature of linjury Yhat was disease or injury in eny way releted to occupation of deceased? If so, specify If so,	HI WALLES OF THE COLUMN OF THE	o med	Named			
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20. FILEDafril 18, 1924 Milery Southerland (Signed) Seo. 6. Tickryll M. D. Local Registrar. (Address) Markery Huf.		w	24. Was disease or injury in any way releted to occupation of deceased	17		
1 Lice	1.1.0	loutherlund	(Signed) Les, & Ficking	el M. D.		
	If more Wante are no	- Cu		-14-		

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be seeured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

mation should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		
County Charles	L	Registration Dist. No. / 574
Village or City Market	//	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where dea	th occurred	ds How long In U.S. if of foreign birth?yrs,mosds
2. FULL NAME	h onom	
(a) Residence: No.	(Usual place / abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND OF Cor) WIFE of There of	Phomes	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	know 1852	1 last saw h 1 alive on 4 - 15 - 19 3 4 death is sa
7. AGE Years Months	Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	A-N-C	Oate of onse
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	***	Caugh: which developed some time
10. Dato deceased last worked at this occupetion (month end year)	11. Total time (years) spent in this occupation	prior to death. Wist Ni
12. BIRTHPLACE (city or town)	nd	Other Contributory Causes of importance:
(State or country)	the	The (no attention)
13. NAME 14. BIRTHPLACE (city or town) (State or country)	nd.	Not reute barnchitis; not influence. Name of operation
(State of Country)	· · · · · · · · · · · · · · · · · · ·	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country)	7	23. If death was due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?, 19, Where did injury occur?, 19
17. INFORMANT Clauses (Address)	Thomas	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Company Company	Dete 4 - 2 3 4 , 19 5 4	Manner of Injury
19. UNDERTAKER CHURCH (Address)	Robins	24. Was disease or injury in eny way related to occupation of deceased? If so, specify
20. FILED. 4 - 42 -, 19.34 Y	A. Hy Isa.	(Signed) M. (Address) M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 💝 💆	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	6.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

T	PLACE C	A) //	-				
	County	un	ne	3		Registration Dist.	No.
	Village or	City 24	インし	tone		No	St.,W
	Length of re	sidence In city	y or town where	e death occurred		death occurred in a horpital or institution, give its NAME inste	· ·
2	. FULL NA	ME S	"Hil	1-	The		
-	(a) Reside					St Ward.	
	(a) Neside	nce. 110		(Usual place	e of abode)		ily or town and State
	PERSO	NAL AND	STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF	DEATH
3. S	m		OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	(Day) , 193 (Year
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, T	hat I attended deceesed		
6. E	ATE OF BIRTH	(month, day,	and year)	J- 6-	94		, 19 death is
7. A		ears	Months	Days	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, at	
z	8. Trede, prof.	ession, or par	ticuler		1 011111111	mere as rollons.	Oate of o
음		work dona, a R, BOOKKEEP					
UPA	9. Industry or work w	as done, es SI ILL, BANK, et	LK MILL.				
OCCUPATION	10. Date decea this occ		ed at	Sp:	time (years) ent In this upation		
12.	BIRTHPLACE (d	ity or town)	2	nd		Other Coutributory Causes of Importance:	
	(State or con			PA ()			
HH	13. NAME	ann	-	ohn	n na		
FATHER	14. BIRTHPLAC		h) 7	nul	**************	Name of operation	Date of
-		r country)		0 00	1.	What test confirmed diagnosis?	. Was there an au'opsy?
모.	15. MAIDEN N.	AME	11-	R. U	un 19	23. If death was due to external causes (VIOLENCE) fill In a	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)		Accident, suicide, or homicide? Date o	f Injury, 19				
		Where did Injury occur?(Specify city or town, Specify whether injury occurred In INDUSTRY, in HOME, o	county and State)				
18.	BURIAL, CREMA	TION, OR RE	MOVAL			Manner of injury	
	Place_ 2	TVI	win	Date	- 8 - 19.J4	Nature of injury	
19.	UNDERTAKER (Address)	13	30	They	nar	24. Was disease or injury in any way related to occupation of	of deceased?
20	FILED 4 -	ار جا حا	34	7. A 4	4 ude	(Signed) 2 4 19 4	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

WITH UNFADING INK-THIS

PHYSICIANS should state

stated EXACTLY.

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properly classified.

certificate.

See instructions on back

TION is very important.

CAUSE OF DEATH

mation should

MOTHER

in plain terms, so that it may supplied.

of OCCUPA.

Exact statement

-WRITE PLAINLY.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Charles	Registration Dist. No. 10 C
Village or City La Blaza	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) 23 (193 (Year) 22. HEREBY CERTIFY. That t attended decessed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS then 1 day,hrs. ormin.	22. I HEREBY CERTIFY, That t attended decessed from 193.3, to 23 193.4 I last saw h alive on 23 19.3.4; death is said to have occurred on the dete stated above, at 12.15.2m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	auguna Certuis 4-20
10. Date deceased last worked at this occupation (month and spear) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. PIDTURE ACT (city or town)	Other Contributory Causes of importance: Organization Theoret days 3 years
E LA RIPTUDI ACE (situ or town)	Name of operation

(State or country) 15. MAIDEN NAME

16. BIRTHPLACE (city or town (Stete er country)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNOERTAKER (Address) 00.2319.5 Registrar.

Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide?

Where did injury occur?_

(Address)

Manner of Injury

24. Was disease or injury in eny way related to occupation of If so, specify (Signed)

If more blanks are needed, addess State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Alstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
0	Registration Dist. No. 108
Village or City Gallaux Gree (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 4/9/34, 192 (Month) (Day) (Year)
6 DATE OF BIRTH 4 / 9 / 3 4 1 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 19234, to Clar 9, 19234 that I last saw here should dead, 192
7 AGE Stell, Born If LESS than I day hrs.	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Fall deran Staining
(State or country) Gallaul Grean Mid 10 NAME OF FATHER They dore Tales 11 BIRTHPLACE OF FATHER (State or country) Newport Mid (State or country) Newport Mid	(Signed) State 192 (Address) Each felsar leg *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Centerene Trainer 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of deathyrsmosds.
(Informant) Dedney Esless (Address) Agree Paloleilear Filed 4/9/3 4 192 Ene Paloleilear	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4/0/34, 19 20 UNDERTAKER AUDRESS
Registrar If more branks are needed, address State Registrar	Therdore Lates aguasco M., 16 W. Saratoga St., Baito, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Solesman. nature of the business or industry, and therefore an report specifically the occupations of persons en-Foremon, For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) can be ascertained as the cause. Always qualify al Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.